



Visual/Audio Media Release Form

Program/Activity Name: _____

I grant permission to the State of California; the Trustees of The California State University; California State University, California State University, Northridge and their employees, officers, directors, volunteers, agents and auxiliaries (collectively "University") to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. University will not materially alter the original images. I agree that University owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release the State of California; the Trustees of The California State University; California State University, California State University, Northridge and their employees, officers, directors, volunteers and agents (collectively "University"), including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.

Printed Name

Date

Signature

Telephone or Email Address

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.

Print Name of Minor Participant's Parent/Guardian

Signature of Minor Participant's Parent/Guardian

Date

Minor Participant's Name